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## BIB DATA SHEET

CONFIRMATION NO. 2456

<b>SERIAL NUMBER</b> 10/627,358	<b>FILING or 371(c) DATE</b> 07/25/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 290194-00001	
<b>APPLICANTS</b> Peter Migaly, Blairsville, PA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/319,436 07/30/2002 <i>ESO</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none ESO</i> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/20/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/ERIC OLSON/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance ESO Initials	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> DR. PETER MIGALY P.O. BOX 237 BLAIRSVILLE, PA 15717 UNITED STATES					
<b>TITLE</b> Combination therapy for depression, prevention of suicide, and various medical and psychiatric conditions					
<b>FILING FEE RECEIVED</b> 9369	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		